

**Department of Intellectual and Developmental Disabilities
Quality Assurance Individual Review
for
Independent Support Coordination Services**

Domain 1. Access and Eligibility			
Related CQL Personal Outcome Measures:			
➤ People are treated fairly.			
➤ People choose services.			
➤ People choose personal goals.			
Related CQL Basic Assurance Indicators			
➤ The organization upholds due process requirements.			
➤ The organization respects people's concern and responds accordingly.			
➤ People's individual plans lead to person-centered and person-directed services and supports.			
➤ The organization provides continuous and consistent services and supports for each person.			
Outcome 1A: The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.			
Indicators	Results	Guidance	Comments
1.A.6. The provider has an understanding of how the person can appeal adverse decisions regarding services and participation in the HCBS waiver program and makes the written policy regarding appeal processes available as needed to persons served.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency maintains evidence that staff, individuals and their families are given information on applicable appeal policies.</p> <p>The ISC agency maintains current copies of the applicable appeal policies.</p> <p>The ISC agency appoints a designee who is familiar with the appeals process and assists individuals and families with questions and concerns.</p> <p>The ISC agency maintains evidence of efforts to assist in the appeals process.</p> <p>The ISC agency knows how to assist the individual with filing applicable appeals.</p> <p>The ISC agency educates families of children about services provided by the Early and Periodic Screening and Diagnostic Testing program and services funded by other programs.</p>	

		<p>The ISC coordinates services with the person's MCO.</p> <p><i>Provider Manual reference: 2.5.a-b., 2.8.a-f.; 4.6.h.; IN.3.d.</i></p>	
*1.A.8. ISCs support the person (assisted by family members) to exercise choice and facilitate access to selected services.	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>The ISC agency has a process to ensure the following:</p> <ul style="list-style-type: none"> • The Freedom of Choice form was appropriately completed and signed by the participant or his/her guardian or conservator, which specifies that choice was offered between waiver services and institutional care. (SP – a.i.e.1.); • The Waiver Participant's record contained documentation that the person or guardian/conservator, as applicable, was provided with a list of waiver services. (SP – a.i.e.4.); and • The Waiver Participant's record contains documentation that the person or guardian/conservator, as applicable, was provided with a list of available qualified providers (SP – a.i.e.5.). <p><i>Provider Manual reference: 1.7., 4.6.c-d., 10.7.</i></p>	

Domain 2. Individual Planning and Implementation

Related CQL Personal Outcome Measures:

- People experience continuity and security.
- People use their environments.
- People choose services.
- People choose personal goals.

Related CQL Basic Assurance Indicators

- People access quality health care.
- The organization provides individualized safety supports.
- The organization implements an ongoing staff development program.
- The support needs of individuals shape the hiring, training and assignment of all staff.
- People's individual plans lead to person-centered and person-directed services and supports.
- The organization provides positive behavioral supports to people.
- The organization provides continuous and consistent services and supports for each person.
- Business, administrative and support functions promote personal outcomes.
- The cumulative record of personal information promotes continuity of services.

Outcome 2A. The person's plan reflects his or her unique needs, expressed preferences and decisions.			
Indicators	Results	Guidance	Comments
*2.A.3. Pre-planning activities are performed prior to the planning meeting.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency ensures pre-planning activities are completed by ISCs as required, including:</p> <ul style="list-style-type: none"> • Providing information to the person and / or the person's legal representative about the planning process. • Completion of required preplanning activities including information gathering, identifying and requesting assessments, reviewing assessment information and recommendations, review of the previous year's ISP, developing and distributing a draft ISP, arranging the planning meeting. • Reviews of the person's rights and responsibilities including appeal rights, right to choice of providers, Title VI, and complaint resolution procedures. <p><i>Provider Manual reference: 3.4; 3.6.; 3.6.1.; 4.6.a-c.; 4.6.h.; 4.7.2.</i></p>	
*2.A.4. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency implements a process to ensure information is gathered as a part of preplanning activities and recommendations or findings from current assessments can be seen or reflected in the ISP.</p> <p>The ISC agency utilizes a process that assures its staff understand the risk assessment process and their responsibilities and have an understanding of potential risk factors and their implications for the people they support.</p> <p>The provider develops and implements a system to ensure that the Risk Assessment Process, including RIITs, and RAPT, is completed.</p> <p>The ISC agency implements a system to ensure the following:</p> <ul style="list-style-type: none"> • ISP development included a uniform needs assessment. (SP - a.i.b.1); • ISP development included a risk factor 	

		<p>assessment (RAPT) (SP - a.i.b.2.);</p> <ul style="list-style-type: none"> • The ISP development included a medical assessment, where applicable (SP - a.i.b.3.); and • Person-Centered Thinking tools and skills must be used in the development of an ISP. <p><i>Provider Manual reference: 3.5; 3.6; 3.6-1; 4.6.a.</i></p>	
*2.A.5. The plan includes individualized supports and services to address the person's needs.	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>The ISC agency implements a process to ensure ISC staff demonstrate competency when writing the plan. This includes review to ensure the ISP is complete, accurate, current, and meets all DIDD requirements.</p> <p>The ISC agency implements a system to ensure the following:</p> <ul style="list-style-type: none"> • The ISP accurately describes the participant's desired outcomes, assessed needs, and preferred lifestyles as identified in preplanning activities (SP - a.i.b.6.); • The ISP accurately indicates the current services and supports required to meet identified needs (SP - a.i.b.7.); • ISPs have measurable action steps applicable to each of the outcomes specified (SP - a.i.a.2.); • The ISP includes a statement regarding the person's desire to work. If the person desires employment, the ISP identifies the supports needed to help facilitate the person's employment; and • For people who do not desire to work, the ISP describes how staff will educate the person about, and support the person in, exploring employment opportunities available in their community. <p><i>Provider Manual reference: 3.2; 4.6.e; 4.7; DIDD Commissioner Memo #188 9/5/13; Arlington Exit Plan Agreed Order 1/15/13.</i></p>	

<p>*2.A.7. The ISC develops and distributes the initial plan and annual updates in a timely manner.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>The ISC agency implements a system to ensure the following:</p> <ul style="list-style-type: none"> • The ISPs are reviewed and revised as needed before the annual review date (SP – a.i.c.1.). • Logs or other documentation kept by the ISC provider show that ISPs or annual updates are distributed within prescribed timeframes. <p><i>Provider Manual reference: 3.7; 3.8; 3.9; 4.7</i></p>	
<p>Outcome 2B. Services and supports are provided according to the person's plan.</p>			
Indicators	Results	Guidance	Comments
<p>*2.B.1. The ISC arranges for and coordinates needed services identified in the plan in a timely manner.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>The ISC agency system of oversight ensures:</p> <ul style="list-style-type: none"> • Requests for services are submitted to the DIDD within prescribed timeframes. Request for services documentation (ISP amendments, etc.) is complete, accurate and submitted according to DIDD requirements; • All services and supports described in the ISP are arranged and secured; • Assistance is provided with identifying, locating and accessing providers of services and supports. Services and supports are arranged in a cost effective manner; • DIDD services that require consideration by, or denial by, third party funding sources (Medicare, TennCare, etc.) are sought before submitting the request for DIDD services. <p><i>Provider Manual reference: 2.8.a; 4.6.b; 4.6.d; 14.2.d; Provider Agreement A.3.</i></p>	
<p>*2.B.2. The person's plan is implemented in a timely manner.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>The ISC agency system of oversight ensures services identified in an ISP are in place and being provided according to the plan.</p> <p>Services in the plan were put into place according to time frames identified in the person's ISP (or there is documentation to support the extension of a timeframe and the need to update this in the ISP) or the person was given the right to agree to, or to appeal the delay.</p> <p><i>Provider Manual reference: 3.8; 5.11.</i></p>	

Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed.			
Indicators	Results	Guidance	Comments
*2.D.3. The ISC monitors implementation of the person's plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC provider oversight system ensures that ISCs are monitoring in accordance with DIDD requirements, including:</p> <ul style="list-style-type: none"> The Waiver Participant received services in the amount specified in the approved ISP, or by TennCare approved and documented exception (SP - a.i.d.2.); The Waiver Participant received services in the frequency specified in the approved ISP, or by TennCare approved and documented exception (SP - a.i.d.3.); The Waiver Participant received services in the duration specified in the approved ISP, or by TennCare approved and documented exception (SP - a.i.d.4.); The Waiver Participant received medical exams in accordance with TennCare rules (HW - a.i.1.): <ul style="list-style-type: none"> - Under 21 - EPSDT standards; - 21-64 - every 1-3 years, determined by the physician; - Over 65 – annually. <p>Issues found from monitoring activities are reported to the provider management and DIDD, as indicated, and followed to resolution.</p> <p><i>Provider Manual reference: 4.6; 4.7; 5.11; 8.3-1</i></p>	
*2.D.4. The ISC ensures that the person's plan is reviewed and revised according to the required schedule or as necessary to address emerging needs.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency has a process to ensure that:</p> <ul style="list-style-type: none"> There is ongoing communication with the person served, family and/or legal representative, planning team members and agencies that provide supports and services to assure desired or needed outcomes are achieved and issues are resolved; The ISC works collaboratively with the person, their legal representative, family, members of the planning team and other providers to ensure meetings are scheduled and held as required and whenever necessary to address 	

		<p>emerging needs, review, revise or update the plan.</p> <p>The ISP was reviewed monthly by the ISC.</p> <p>The ISPs were revised, as applicable, by the ISC to address changing needs whenever (SP - a.i.c.2.):</p> <ul style="list-style-type: none"> • The action steps and outcomes change; • Services or service providers change; • There is a significant change in overall service and support needs; or • The ISP no longer reflects the person's preferred lifestyle. <p><i>Provider Manual reference: 3.4; 4.6.e</i></p>	
2.D.8. ISC documentation meets DIDD requirements and accurately reflects the person's status.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency has a process to ensure that the ISC documents all monitoring activities and significant contacts with the person or others regarding services and supports to the person.</p> <p>The ISC agency implements a system to ensure the following:</p> <ul style="list-style-type: none"> • The Waiver Participant had an annual LOC re-evaluation completed within 12 months of their initial evaluation or last annual re-evaluation (LC - a.i.b.1.); • The LOC criteria were accurately and appropriately applied for the LOC re-evaluation decision (LC - a.i.c.6.). <p><i>Provider Manual reference: 1.6; 4.7.; 4.10</i></p>	
Domain 3. Safety and Security			
Related CQL Personal Outcome Measures:			
➤ People are safe.			
➤ People experience continuity and security.			
➤ People use their environments.			
➤ People are free from abuse and neglect.			
Related CQL Basic Assurance Indicators			
➤ People are free from abuse, neglect, mistreatment and exploitation.			

➤ Acute health needs are addressed in a timely manner.
➤ Staff immediately recognize and respond to medical emergencies.
➤ They physical environment promotes people's health, safety and independence.
➤ The organization has individualized emergency plans.
➤ Routine inspections ensure that environments are sanitary and hazard free.
➤ The organization implements an ongoing staff development program.
➤ The organization implements systems that promote continuity and consistency of direct support professionals.
➤ Business, administrative and support functions promote personal outcomes.
➤ The cumulative record of personal information promotes continuity of services.
➤ The organization implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation.
➤ The organization implements systems for reviewing and analyzing trends, potential risks and sentinel events including allegations of abuse, neglect, mistreatment and exploitation, and injuries of unknown origin and deaths.
➤ Support staff know how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation.
➤ The organization ensures objective, prompt and thorough investigations of each allegation of abuse, neglect, mistreatment and exploitation, and of each injury, particularly injuries of unknown origin.
➤ The organization ensures thorough, appropriate and prompt response to substantiated cases of abuse, neglect, mistreatment and exploitation, and to other associated issues identified in the investigation.
➤ The organization implements a system for staff recruitment and retention.

Outcome 3A: Where the person lives and works is safe.

Indicators	Results	Guidance	Comments
*3.A.6. Providers resolve safety issues in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC provider oversight system ensures there is evidence that the ISC identifies, reports and monitors the person's situation related to safety issues. Issues are monitored to resolution.</p> <p>In the event of an immediate jeopardy issue, the ISC never leaves an environment until the person's safety is assured.</p> <p><i>Provider Manual reference: 4.6.j; 9.7.</i></p>	

Outcome 3B. The person has a sanitary and comfortable living arrangement.

Indicators	Results	Guidance	Comments
*3.B.2. The provider implements an ongoing monitoring process to assure that the person is in a sanitary and comfortable living environment.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency has a system in place to ensure the person's ISC routinely monitors the maintenance of a sanitary and comfortable living environment / program site. Issues are monitored to resolution.</p> <p><i>Provider Manual reference: 4.6.j.; 4.7</i></p>	

Outcome 3C. Safeguards are in place to protect the person from harm.			
Indicators	Results	Guidance	Comments
*3.C.4. The provider has developed and implemented protection from harm policies and procedures.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency develops and implements written protection from harm policies and procedures that are consistent with the DIDD Provider Manual.</p> <p>A reportable incident form is filed for every incident that is witnessed or discovered.</p> <p>Completed reportable incident forms are stored securely and confidentially in an area separate from the person's record.</p> <p>The ISC reviews each reportable incident form received and, as indicated, determines appropriate actions. e.g., meeting with the person's planning team, revising the person's ISP to be coordinated with the appropriate service provider(s).</p> <p>A staff person has been designated as Incident Management Coordinator and has received training approved by DIDD.</p> <p><i>Provider Manual reference: 5.3.; 7.1-1.; 7.3.; 7.4.; 7.6.</i></p>	
*3.C.6. Potential employees are screened to ensure that known abusers are not hired.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Provider personnel records reflect that the provider has checked applicable registries prior to hiring employees, subcontracting or utilizing volunteers. The organization is responsible for consulting the Abuse Registry, the Tennessee Sexual Offender Registry, the TN Felony Offender List and the Office of Inspector General's List of Excluded Individuals/ Entities..</p> <p>No individual listed on the Abuse Registry, the Tennessee Sexual Offender Registry, the TN Felony Offender List, or the Office of Inspector General's List of Excluded Individuals/ Entities is allowed to volunteer or to be employed to provide direct support to individuals receiving services.</p>	

		<p>The Provider has a process to screen its employees and subcontractors on an ongoing monthly basis through the OIG List of Excluded Individuals/Entities to determine whether any of them has been terminated, debarred or excluded from participation in Medicare, Medicaid, SCHIP, or any Federal health care programs (as defined in Section 1128B (f) of the Social Security Act) and not employ or contract with an individual or entity that has been excluded.</p> <p>The provider has completed background checks on all staff hired in accordance with DIDD requirements.</p> <p>The provider does not employ, retain, hire or contract with any individuals, as staff or volunteers, who meet the definition of prohibited staff in the DIDD Provider Agreement.</p> <p>Provider personnel records reflect that employment applications were complete for all applicants hired and contain reference to their involvement in any case of substantiated abuse, neglect, mistreatment or exploitation as per the current DIDD Provider Agreement.</p> <p>All employees, personnel of the provider's subcontractors and/or volunteers have in their personnel files a signed statement regarding their involvement in any case of substantiated abuse, neglect, mistreatment or exploitation, as per the current DIDD Provider Agreement.</p> <p><i>Provider Manual reference: 5.2.b.; 5.2.c.; 5.2.d.; 5.2.f.; 5.2.g.; 10.13; 10.13.a.; 10.13.b.; Provider Agreement A.12.</i></p>	
3.C.9. The provider records all complaints, takes action to appropriately resolve the complaints presented, and documents complaint resolution achieved.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>There is evidence that the provider has established a Complaint Resolution System which includes, but is not limited to:</p> <ul style="list-style-type: none"> Designation of a staff member as the complaint contact person; 	

		<ul style="list-style-type: none"> • Maintenance of a complaint log, and • Documentation / trending of complaint activity. <p><i>Provider Manual reference: 2.6.a.</i></p>	
*3.C.10. The provider reports incidents as required by DIDD, including following timeframes and directing the report to the appropriate party.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider complies with protection from harm reporting as required by State law, DIDD requirements and any applicable court orders.</p> <p>Deaths are reported according to the DIDD Provider Manual.</p> <p>All critical incidents (i.e., abuse, neglect, exploitation, serious injury of unknown cause, death of unexplained or suspicious cause) for the waiver participant were reported (HW – a.i.11.)</p> <p><i>Provider Manual reference: 7.1-1.; 7.2.; Chapter 8; DIDD Policy 90.1.2. Death Reporting and Review Policy</i></p>	
*3.C.12. The provider reviews incidents of staff misconduct in accordance with approved guidelines and resolves them in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider has effective procedures for reviewing and addressing incidents of staff misconduct.</p> <p><i>Provider Manual reference: Chapter 7</i></p>	

Domain 9. Provider Capabilities and Qualifications

Related CQL Personal Outcome Measures:

- People decide when to share personal information.
- People are free from abuse and neglect.

Related CQL Basic Assurance Indicators

- The organization implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation.
- The organization implements systems for reviewing and analyzing trends, potential risks and sentinel events including allegations of abuse, neglect, mistreatment and exploitation, and injuries of unknown origin and deaths.
- Data and documentation support evaluation of health care objectives and promote continuity of services and supports.
- People receive medication and treatments safely and effectively.
- They physical environment promotes people's health, safety and independence.
- The organization implements a system for staff recruitment and retention.
- The support needs of individuals shape the hiring, training and assignment of all staff.
- The organization implements systems that promote continuity and consistency of direct support professionals.
- The organization treats its employees with dignity, respect and fairness.

➤ The organization provides continuous and consistent services and supports for each person.			
➤ The organization provides positive behavioral supports to people.			
➤ The organization's mission, vision and values promote attainment of personal outcomes.			
➤ Business, administrative and support functions promote personal outcomes.			
➤ The cumulative record of personal information promotes continuity of services.			
➤ Support staff know how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation.			
➤ The organization has individualized emergency plans.			
➤ The organization implements an ongoing staff development program.			
Outcome 9A. The provider meets and maintains compliance with applicable licensure and Provider Agreement requirements.			
Indicators	Results	Guidance	Comments
*9.A.2. The provider complies with requirements in the provider agreement.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency has a current signed provider agreement that accurately reflects services provided during the course of the survey period.</p> <p>ISC agency staff at all levels of the organization have access to and are trained in accordance with ISC provider policies and procedures, e.g. via an employee handbook.</p> <p>The provider shall not subcontract without obtaining the prior written approval of the DIDD.</p> <p>The ISC agency maintains public liability and other appropriate forms of insurance.</p> <p>Provider agencies report any suspected Medicaid fraud to DIDD, TennCare and other appropriate agencies, per the provider agreement.</p> <p><i>Provider Manual reference: IN.3.a.; 5.10.; Provider Agreement A.14., D.4., D.8.</i></p>	
9.A.3. The provider maintains appropriate records relating to the person.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider complies with appropriate DIDD requirements related to persons' records, including the records management policy and the Provider Manual.</p> <p>Requirements applicable to all providers maintaining service recipient records include:</p> <ul style="list-style-type: none"> Providers must implement written policies pertaining to records maintenance, including identification of the location of required components of the record and identification of 	

		<p>staff responsible for records maintenance;</p> <ul style="list-style-type: none"> • All service recipient records must be stored in a manner that maintains the confidentiality of the information contained by preventing inappropriate access to the records; • Records must be maintained by providers for a period of ten (10) years from date of death or discharge in accordance with the DIDD licensure standards (TCA 33-4-102), whether or not the provider is licensed by DIDD; • Providers are to maintain original documents for the services provided by employed staff; • Providers are to maintain copies of required documentation obtained from contracted staff and other providers; • Records must be maintained by the provider in a manner that ensures that the records are accessible and retrievable within a reasonable time period; • If records are maintained on an electronic system or electronic signatures are used, the provider follows DIDD policy. <p>Documentation is legible.</p> <p>Abbreviations are spelled out when first used.</p> <p><i>Provider Manual reference: 2.7.; 5.3.; Chapter 10; DIDD Policy 80.4.4. Electronic Records and Signatures; DIDD Provider Agreement</i></p>	
9.A.4. The provider develops and implements a written management plan describing how the agency conducts its business and specifying the provider's processes for protecting the health, safety and welfare of persons whom it supports.	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>The required components of a Management Plan include:</p> <ul style="list-style-type: none"> • The provider's mission statement and philosophy of service delivery; • An organizational chart; • A description of service(s) offered by the provider; • Complaint resolution procedures for persons supported, family members, and legal representatives <p><i>Provider Manual reference: 5.2.a.; 5.3.; 5.7.</i></p>	

<p>*9.A.5. The provider has an effective self-assessment process to monitor the quality and effectiveness of the supports and services that are provided.</p>	<p> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> </p>	<p>The provider maintains an ongoing self-assessment process.</p> <p>To fulfill this requirement, the provider may use the Council for Quality and Leadership (CQL) Basic Assurances ® Self-Assessment.</p> <p>Providers not using the CQL Basic Assurances ® Self-Assessment must include in self-assessment activities:</p> <ul style="list-style-type: none"> • Review of a sample of services provided to identify issues regarding documentation and the effectiveness of services; • Review of trends related to persons supported and family satisfaction with services provided. • Review of incident trends, including those related to medication variances and errors and other health and safety factors. • Review of external monitoring reports for the previous twelve (12) month period. • Review of any sanctions imposed during the previous twelve (12) month period; • Review of personnel practices, including staff recruitment and hiring, staff training and staff retention / turnover; • As applicable, review of processes intended to ensure timely access to health-related intervention, such as health care appointments and follow-up activities; • Review of policies and procedures to ensure continuing alignment with current DIDD requirements; • Application of the current DIDD QA Survey Tool to a sample of persons supported. <p>The provider implements its self-assessment activities as written.</p> <p>The provider evaluates its self-assessment process periodically throughout the year to monitor its effectiveness.</p> <p>The results of the internal self-assessment are made available in an understandable fashion and communicated timely to consumers, staff, the</p>	
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		governing body, and others upon request.	
		<i>Provider Manual reference: 5.4.; 9.8.b.</i>	
*9.A.6. The provider reviews and utilizes information obtained from self-assessment activities to develop and implement an internal quality improvement process to improve supports and services.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider develops a written Quality Improvement Plan (QIP) to address the findings of all self-assessment activities. The Internal Quality Improvement Plan specifies the provider's plans for systemic improvement of identified issues and concerns and includes:</p> <ul style="list-style-type: none"> • Analysis of the cause of any serious issues and problems identified. Serious issues and problems are those that impact multiple persons supported or those that have health and safety consequences requiring medical treatment of one or more persons supported; • Development of observable and measurable quality outcomes related to resolving the causal factors; • Establishment of reasonable timeframes for implementation of quality initiatives; • Assignment of staff responsible for completion of actions and achievement of quality outcomes; and • Modification of policies, procedures, and/or the management plan (potentially including the QI plan) to prevent recurrence of issues and problems that were resolved. <p>When problems are identified, the Quality Improvement Plan is reviewed and revised to ensure for timely correction / resolution of the problem / issues.</p> <p>The provider utilizes information gained from the internal self-assessment process to implement change to provider policies and procedures and the system of service provision.</p> <p><i>Provider Manual reference: 5.5.</i></p>	
Outcome 9B. Provider staff are trained and meet job specific qualifications.			
Indicators	Results	Guidance	Comments

<p>*9.B.2. Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>The chief executive officer/executive director attended a DIDD new provider orientation or completed the online equivalent within ninety (90) calendar days of employment, appointment or contract with the agency.</p> <p>The provider has a training process / plan that ensures all employed and subcontracted staff and volunteers are trained in accordance with DIDD training requirements.</p> <p>The ISC agency maintains documentation in personnel files to support that all staff participated in and demonstrated competency for all DIDD required training programs.</p> <p>The ISC agency assesses the effectiveness of training programs provided by provider-employed trainers in terms of staff competency testing scores and retention/ application of information presented in the support coordination environment.</p> <p><i>Provider Manual reference: 5.3.; 5.4.; 5.8.; Chapter 6; Provider Agreement A.16.</i></p>	
<p>*9.B.3. Provider staff meet job-specific qualifications in accordance with the provider agreement.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>The ISC agency has established written job-specific qualifications for staff at all levels of the organization.</p> <p>The ISC agency ensures that staff considered for employment are qualified based on DIDD general requirements.</p> <p>The ISC agency personnel records reflect that the provider has confirmed prior work experience, if needed, in accordance with the job qualifications.</p> <p><i>Provider Manual reference: 4.3.; 5.2.a.; 5.2.b.; 10.13.</i></p>	
<p>Outcome 9C. Provider staff are adequately supported.</p>			
Indicators	Results	Guidance	Comments

9.C.1. Provider staff report that supervisory staff are responsive to their concerns and provide assistance and support when needed.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	The ISC agency assesses and addresses ISCs' support needs. <i>Provider Manual reference: 5.6.</i>	
*9.C.2. Provider staff receive ongoing supervision consistent with their job function.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	The ISC agency has written policies and procedures related to staff performance and evaluation. If the agency uses subcontractors to provide services, its procedures include a mechanism for ensuring that subcontractor staff are supervised at the same level as agency-employed staff. Supervisory staff monitor ISC caseloads and ensure they are in compliance with the DIDD provider manual. The agency has a process to ensure all ISCs who do not have a Bachelor's degree in a human services field are supervised by someone who does meet that qualification. <i>Provider Manual reference: 4.3.; 4.5.; 5.2.g.; 5.10.</i>	
Outcome 9D. Organizations receive guidance from a representative board of directors or a community advisory group.			
Indicators	Results	Guidance	Comments
9.D.1. The composition of the board of directors or community advisory group reflects the diversity of the community that the organization serves and is representative of the people served.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	Not-for-profit providers with out of state boards or with boards whose members are not all residents of Tennessee must have local advisory groups composed solely of Tennessee residents. For- profit providers must have a local advisory group. Boards and advisory groups will be composed of individuals representing different community interest groups, including persons with disabilities and or family members of people with disabilities. <i>Provider Manual reference: 5.8.a.; 5.8.b.</i>	

<p>9.D.2. The members of the board of directors or community advisory group receive orientation and training sufficient to effectively discharge their duties.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>Within 90 calendar days of appointment, new members of the board are provided orientation regarding the duties and responsibilities of board members. Orientation will also include an introduction to the organization, the services it provides, an overview of its purpose, mission statement and goals and objectives.</p> <p>All board chairs attend DIDD new provider orientation or complete the online equivalent within ninety (90) calendar days of assuming office.</p> <p>Advisory group members are encouraged to attend orientation that includes an overview of provider operations and a description of the duties and responsibilities of advisory group members.</p> <p><i>Provider Manual reference: 5.8.a.; 5.8.b.</i></p>	
<p>9.D.3. The board of directors or community advisory group provides active, effective and ethical guidance for the organization.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>There are provisions guarding against the development of a conflict of interest between an individual board member and the organization.</p> <p>Boards and advisory groups meet at least quarterly and more frequently if necessary to effectively fulfill its duties and responsibilities.</p> <p>The non-profit Board will review and, as necessary, approve the organization's governing documents, by-laws, policies, quality assurance surveys, and internal quality improvement plan and self-assessments on a regular basis; financial statements are reviewed by the board quarterly. Advisory group members are advised of proposed changes to policies and procedures and asked to provide input.</p> <p>The Board will review and take action to address and resolve in a timely manner any fiscal or other serious issues identified through the provider's self-assessment or through external monitoring.</p> <p>Minutes from meetings of Boards of directors and advisory groups reflect presentation of service</p>	

		<p>recipient and family input and consideration of the information presented in revising provider operational policies, procedures and plans, as appropriate.</p> <p>The board employs a chief executive officer who has been delegated the responsibility and authority to implement board approved plans, policies, etc.</p> <p><i>Provider Manual reference: 5.8.a.; 5.8.b.</i></p>	
Domain 10: Administrative Authority and Financial Accountability			
Related CQL Personal Outcome Measures:			
➤ People experience continuity and security.			
Related CQL Basic Assurance Indicators			
➤ The organization implements sound fiscal practices.			
Outcome 10A. Providers are accountable for DIDD requirements related to the services and supports that they provide.			
Indicators	Results	Guidance	Comments
*10.A.1. The agency provides and bills for services in accordance with DIDD requirements.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Review of documentation and billing</u></p> <p>The provider's system of internal financial controls provides for appropriate use of funding and documentation of such.</p> <p>Review of the ISC agency's individual waiver findings reflects the agency billed in accordance with DIDD requirements.</p> <p><i>Provider Manual reference: 4.6.; 5.11.</i></p>	